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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

PUBCO PETROLEUM CORP.
MERGED INTO MESA PETROLEUM CO.
EFFECTIVE MAY 1, 1973

Operator		PUBCO PETROLEUM CORP.	
Address		P.O. Box P, Artes, New Mexico 87410	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	From Plateau, Incorporated	
Recompletion	☐		
Change in Ownership	☐		
Change in Transporter of:			
Oil		☐	Dry Gas
Casinghead Gas		☐	Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Suter	3	Blanco Mesaverde	State, Federal or Private	
Location				
Unit Letter	G	1615 Feet From The	North Line and	1630 Feet From The
Line of Section	14	Township	32 North	Range
			11 West, NMPM,	San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐	or Condensate	☒	Address (Give address to which approved copy of this form is to be sent)
Inland Corporation				P.O. Box 1528, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas	☐	or Dry Gas	☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company				P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	G	14	32N	11W
Is gas actually connected?		When		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing					
Perforations								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Field Foreman
(Title)
September 24, 1968
(Date)

OIL CONSERVATION COMMISSION
SEP 26 1968
APPROVED _____
BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. 759
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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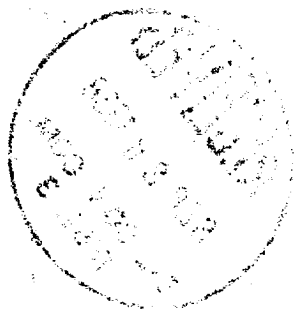
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